Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12/26/09</u>	Address:	<u>903 N Main St</u>
Case #:	<u>34-35</u> 9 <u>07</u>		Shoals, IN
County:	<u>Martin</u>		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
☐ Operat		☑ Residence☑ Outbuilding☑ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
	und: Location (bedroom, kitchcu, open that apply)	<u>air, etc)</u>	
	m/Ammonia Reaction(s):		
Red P	hosphorous/Iodine Reaction(s):	_	
⊠ Flamı	nable Solvents: <u>Garage, House</u>		
Water	Reactive Metal (Lithium): outside		
⊠ Anhyo	drous Ammonia: Garage		
☐ Hydrochloric Acid Gas Generator(s): Outside			
Corro	sive Acid: <u>Bedroom</u>		
Corro	sive Base:		
Other	(item and location):		
☐ Yes ⊠ No	ader age 18 discovered (check one) (number present) report to Child Protective Services	☐ Ephedri ☐ Retail/N	ve <u>Information</u> inc/Pseudoephedrine Tracking Log Merchant Tip <u>Criminal Investigation</u>
This rep	ort is to be faxed to the following a	gencies that serve the	location:
Fire Dep	artment: Shoals Volunteer Fire	Fax: Fax: ,	
Health D	Department: Martin County	Fax:	
Child Pr	otection Service: Martin County		
For furth Investiga	ner information regarding this methar ating Officer: <u>David Qualkenbush</u>	nphetamine laboratory. Phone <u>812-482-</u> 14 <u>41</u>	, contact

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.